MAXIMUS Federal Services

Case Number:	CM15-0060801		
Date Assigned:	04/07/2015	Date of Injury:	05/04/1999
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female, who sustained an industrial injury on 5/4/99. Past surgical history was positive for left carpal tunnel release, left knee arthroscopic debridement, and right total knee replacement. The 2/5/15 orthopedic surgeon report cited back and right leg radicular symptoms with the right leg giving out and causing falls. She recently fell and hyper flexed her right knee with significant pain around her total knee replacement. X-rays showed no loosening of the prostheses. The orthopedist opined that she was in need of treatment for her lumbar sciatica, including MRI. The 2/9/15 treating podiatrist report cited increased low back and right leg pain 4/10 at rest and 7/10 with repetitive bending, stooping, twisting, pushing or pulling, and with weight bearing. She also noted bilateral knee pain, left wrist/hand pain with repetitive hand activities, and left Achilles pain with repetitive weight bearing activities. The injured worker walked with a profoundly asymmetrical gait with a shortened stride on the right side. She has a mild foot drop on the right from prior knee surgery. This caused a chronic lumbar spine strain. Lumbar spine exam documented mild to moderate tenderness and spasms, positive straight leg raise, symmetrical reflexes, and decreased range of motion. The diagnosis included lumbar sprain/strain with associated disc disease and right sided radiculopathy. Authorization was requested for referral to pain management, referral to a spine surgeon for surgical consultation for her persistent lumbar pain with associated right sided radiculopathy, and continued psychological care. The 3/27/15 utilization review non-certified the request for spine surgeon consultation as there was no mention of the questions to be answered or expertise

required that was outside the skill set of the requesting provider to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been essentially met. This injured worker presents with increased low back and radicular right lower extremity pain with give way weakness causing falls. Physical exam documented positive nerve tension signs. The requesting physician is a podiatrist. There is no current imaging, but records suggest that MRI had not been certified. Referral to a spine surgeon for further evaluation and treatment recommendations is reasonable. Therefore, this request is medically necessary.